

**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P97000003203

**FILED  
Jan 19, 2004  
Secretary of State**

**Entity Name:** SUTTON FAMILY ENTERPRISES, INC.

**Current Principal Place of Business:**

4071 N DIXIE HWY  
POMPANO BCH, FL 33064 US

**New Principal Place of Business:**

2501 NW 17TH LANE, SUITE A  
POMPANO BCH, FL 33064 US

**Current Mailing Address:**

4030 NW 4TH STREET  
COCONUT CREEK, FL 330661820

**New Mailing Address:**

FEI Number: 65-0777002      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

SUTTON, SCOTT M  
4030 NW 4TH ST  
COCONUT CREEK, FL 33066 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: DPS ( ) Delete  
Name: SUTTON, SCOTT  
Address: 4030 NW 4TH STREET  
City-St-Zip: COCONUT CREEK, FL 330661820

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SCOTT SUTTON

DPS

01/19/2004

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date